## UNITED STATES BANKRUPTCY COURT DISTRICT OF SOUTH CAROLINA

In re: KAREN LUCAS POOLE	Case No. 15-01974-dd
Debtor(s)	

## CHAPTER 13 STANDING TRUSTEE'S FINAL REPORT AND ACCOUNT

Pamela Simmons-Beasley, chapter 13 trustee, submits the following Final Report and Account of the administration of the estate pursuant to 11 U.S.C. § 1302(b)(1). The trustee declares as follows:

- 1) The case was filed on 04/10/2015.
- 2) The plan was confirmed on 09/08/2015.
- 3) The plan was modified by order after confirmation pursuant to 11 U.S.C.  $\S$  1329 on NA.
- 4) The trustee filed action to remedy default by the debtor in performance under the plan on  $\underline{NA}$ .
  - 5) The case was completed on 05/16/2017.
  - 6) Number of months from filing to last payment: <u>25</u>.
  - 7) Number of months case was pending: <u>27</u>.
  - 8) Total value of assets abandoned by court order: <u>NA</u>.
  - 9) Total value of assets exempted: \$42,010.00.
  - 10) Amount of unsecured claims discharged without payment: \$31,234.56.
  - 11) All checks distributed by the trustee relating to this case have cleared the bank.

## Receipts:

Total paid by or on behalf of the debtor \$16,840.00 Less amount refunded to debtor \$218.38

NET RECEIPTS: \$16,621.62

## **Expenses of Administration:**

Attorney's Fees Paid Through the Plan

Court Costs

Trustee Expenses & Compensation

Other

\$3,277.00

\$1,165.19

TOTAL EXPENSES OF ADMINISTRATION: \$4,442.19

Attorney fees paid and disclosed by debtor: \$690.00

Scheduled Creditors:						
Creditor Name	Class	Claim Scheduled	Claim Asserted	Claim Allowed	Principal Paid	Int. Paid
COLUMBIA HEART CLINIC	Unsecured	25.00	NA	NA	0.00	0.00
CONSULTANTS IN GASTROENTOLOG	Unsecured	1,237.50	NA	NA	0.00	0.00
CREDIT PROTECTION ASSOCIATION	Unsecured	384.00	NA	NA	0.00	0.00
IC SYSTEM	Unsecured	158.00	NA	NA	0.00	0.00
LEXINGTON MEDICAL CENTER	Unsecured	4,289.60	NA	NA	0.00	0.00
LEXINGTON RADIOLOGY	Unsecured	576.00	NA	NA	0.00	0.00
PATHOLOGY ASSOCIATES OF LEXIN	Unsecured	50.00	NA	NA	0.00	0.00
PORTFOLIO RECOVERY	Unsecured	2,788.45	NA	NA	0.00	0.00
RECEIVABLE SOLUTIONS	Unsecured	6,726.56	NA	NA	0.00	0.00
SC ENDOSCOPY CENTER	Unsecured	721.50	NA	NA	0.00	0.00
SCE&G	Unsecured	844.00	444.79	444.79	444.79	0.00
SOUTH CAROLINA INTERNAL MEDIC	Unsecured	145.00	NA	NA	0.00	0.00
SOUTH STATE BANK	Unsecured	NA	14,132.95	14,132.95	0.00	0.00
SOUTH STATE BANK	Secured	44,256.00	25,000.00	25,000.00	7,294.97	2,060.71
TITLEMAX	Unsecured	NA	745.35	745.35	745.35	0.00
TITLEMAX	Secured	2,015.00	1,500.00	1,500.00	1,500.00	133.61

Claim	Principal	Interest
<u>Allowed</u>	<u>Paid</u>	<u>Paid</u>
\$0.00	\$0.00	\$0.00
\$0.00	\$0.00	\$0.00
\$1,500.00	\$1,500.00	\$133.61
\$25,000.00	\$7,294.97	\$2,060.71
\$26,500.00	\$8,794.97	\$2,194.32
\$0.00	\$0.00	\$0.00
\$0.00	\$0.00	\$0.00
\$0.00	\$0.00	\$0.00
\$0.00	\$0.00	\$0.00
\$15,323.09	\$1,190.14	\$0.00
	\$0.00 \$0.00 \$1,500.00 \$25,000.00 \$26,500.00 \$0.00 \$0.00 \$0.00	Allowed         Paid           \$0.00         \$0.00           \$0.00         \$0.00           \$1,500.00         \$1,500.00           \$25,000.00         \$7,294.97           \$26,500.00         \$8,794.97           \$0.00         \$0.00           \$0.00         \$0.00           \$0.00         \$0.00           \$0.00         \$0.00           \$0.00         \$0.00           \$0.00         \$0.00

Disbursements:		
Expenses of Administration Disbursements to Creditors	\$4,442.19 \$12,179.43	
TOTAL DISBURSEMENTS :		<u>\$16,621.62</u>

12) The trustee certifies that, pursuant to Federal Rule of Bankruptcy Procedure 5009, the estate has been fully administered, the foregoing summary is true and complete, and all administrative matters for which the trustee is responsible have been completed. The trustee requests a final decree be entered that discharges the trustee and grants such other relief as may be just and proper.

Dated: 07/19/2017 By: /s/ Pamela Simmons-Beasley
Trustee

**STATEMENT**: This Unified Form is associated with an open bankruptcy case, therefore, Paperwork Reduction Act exemption 5 C.F.R. § 1320.4(a)(2) applies.